

Please type a plus sign (+) inside this box →



2645

+

PTO/SB/21 (6/98)

Approved for use through 9/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to provide a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p>(To be used for all correspondence after initial filing)</p>	Application No.	09/759,116
	Filing Date	January 11, 2001
	First Named Inventor	Ian Andrew Bell
	Group Art Unit	2645
	Examiner Name	
Total Number of Pages in this Submission: 4	Attorney Docket No.	EVC00-003

RECEIVED
 MAR 14 2001
 Technology Center 2600

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Notice/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers for an application <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney by Assignee, with Revocation of Former Powers <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After-Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s): <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Check for \$ _____ <input checked="" type="checkbox"/> Power of Attorney by Assignee
---	---	---

Remarks:
 Enclosed is a Power of Attorney by Assignee, with a copy of an Assignment to establish a proper chain of title.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Name	Daniel E. Vaughan (Registration No. 42,199)	Date	March 5, 2001
Signature	<i>Daniel E. Vaughan</i>	Telephone	650/474-1973
Address	702 Marshall Street, Suite 310, Redwood City, CA 94063	Facsimile	650/474-1976

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U. S. Postal Service as Express Mail (No. EL xxx yyy zzz US) or First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: March 5, 2001

Type or Printed Name	Daniel E. Vaughan	Signature	<i>Daniel Vaughan</i>
----------------------	-------------------	-----------	-----------------------

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+